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IDIOPATHIC ERYSIPELAS, AND SOME OF ITS CLINICAL CONCOMITANTS.

BY FRANK WOODBURY, M.D.,

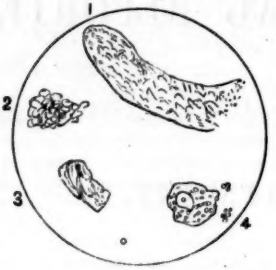
Physician to the German Hospital, Philadelphia.

Case.—Mrs. H., a widow, 49 years of age. She had three children, all healthy, the youngest being about 24 years old. Confinements easy; babies always born with one or two pains, before the doctor arrived; she nursed them all, and had a good getting up. Never had swelling of the ankles, nor other trouble, during pregnancy. She had good health, with the exception of rheumatic pains, which appeared more particularly in her lower extremities; and one year ago was in bed six weeks with swollen and tender joints, and fever (articular rheumatism?). Since then she has been subject to swelling of the joints, principally the ankles, but never without being accompanied by pain, and has had no abdominal dropsy, nor swelling of the face. For the week or more preceding the present illness she noticed that she urinated frequently, though not very much at a time, but she did not have to get up at night for this purpose, and never passed smoky urine. Her general health was not very good, as she made a poor living by sewing, and worked hard. On Friday, Feb. 28th, 1879, she felt badly, and in the evening she had a chill. On Saturday a small red spot appeared on the right side of her nose, and became quite tender, and the seat of burning pain. She had not scratched the place, and was not aware that any pimple had preceded it. She had malaise all day, and had another chill in the evening; she was restless and feverish during the night. On Sunday morning the bridge of the nose was decidedly swollen, dusky red, and painful. In the evening her eyelids were œdematous, and by night she could open them only to a very slight extent. She had another restless night; did not sleep any. On Monday, March 3d, was seen in the evening by the physician, who found her lying upon the lounge, fully dressed. She had taken, the night before, a dose of rhubarb and magnesia, which had produced one evacuation. The family, recognizing the case as one of erysipelas, had already applied a cold infusion of elm bark.

The eruption covered the upper half of the face, like a mask, but did not invade the scalp. The tongue was moist, slightly coated. The temperature in the mouth was 105°. The pulse was 122, full, with considerable tension. The skin of the general surface was dry and burning. The urine was cloudy, with mucus and urates, and contained about one-sixth albumen. Microscopic examination deferred until next day.

March 4th. Slept several hours during the night, but was restless, and talked in her sleep (mild delirium). Had been perspiring; pulse less bounding, and had lost some of its tension; 116 to the minute; temperature (morning) 102½°. Tongue showed a tendency to dryness, with fissures. Bowels moved by the magnesia several times yesterday, and once this morning. The inflamed surface was not so red, and somewhat less tumid, but the erysipelas was spreading under the right ear. Both parotid glands were tender, and a little swollen and hard. Lymphatics not perceptibly enlarged in the general puffiness of the face and chin. The urine was quite albuminous, and showed a deposit of about one-fourth after boiling.

A number of large granular epithelial casts were found (see cut); also fibrinous masses, containing kidney epithelium. In the evening the pulse was again 122, though not so bounding; the temperature was $105\frac{2}{10}°$ Fahr. (axilla). She said that she felt better; she had been perspiring moderately; slept a good deal through the day,



MICROSCOPIC CHARACTERS OF THE URINE.

1. Medium-sized cast, very granular.
2. Mass of granular exudation, with a few spheroidal, nucleated cells at the border (not shown well in the diagram).
3. Small granular cast.
4. Nucleated epithelial cell, containing granules.

and was wakeful during the night, but not so restless as before.

March 5th. Swelling subsiding; no pain in the face, but has pains in the back of her neck; she had no headache whatever. Swelling of the right parotid more decided; it was dense, but not very tender, except immediately under the lobe of the ear. The post-cervical lymphatics were tender, but not much enlarged; there were none detected under the jaw. The right ear was dusky and tender. Tongue clean, and throat a little sore. Had been perspiring gently. Has a little dry cough; a few bronchitic râles in the chest; lungs clear on percussion. The first sound of the heart lacked volume and strength; second sound clear. No intra-cardiac murmurs. Morning, pulse 100, temperature $100\frac{1}{2}°$; evening, pulse 114, temperature $104\frac{3}{4}°$. Bowels not moved today; passed about three pints of urine. Says that when she wants to make water she cannot wait a minute. Urine amber, acid, had a flocculent, cloudy deposit. It was one-eighth albumen; and contained some large granular tube casts, and masses of exuvial epithelial (renal) cells, and leucocytes. No crystals.

March 6th. Not seen until evening. Apparently much better; face desquamating. Both ears swelled and red; not very sensitive. Tumidity had all passed away from around the eyes. Tongue moist and clean. Had no pain, but right parotid was still tender. Sweating a little. Skin hot, but more natural. Pulse 82; temperature 99°. Urine about one-twelfth albumen, clear, amber, moderately acid. A few granular casts and epithelial cells.

March 7th. Did not sleep well during the night, because the sleeping draught gave out; otherwise improving. Passed twelve ounces of urine about 11 o'clock, the first since last evening. This urine was light amber, clear, acid, specific gravity 1.012, and contained a mere trace of albumen, scarcely visible with nitric acid (Heller's test), but showing some flocculi after boiling. No tube-casts were found, but granular epithelium existed in considerable quantity. The cells were small, round, nucleated, and were aggregated in smaller or larger groups, with leucocytes, and some fibrinous and granular material. Some free oil globules were noticed, but they were believed to be foreign, as they were found principally in the neighborhood of some shreds of cotton that might have come from a rag used in greasing the patient's face. No characteristic crystals were found. After boiling and filtering, it contained only 16 grammes of urea per litre (about $7\frac{3}{4}$ grains to the ounce). This small amount might be partly due to the fact that the febrile action had now subsided, and she had been on a non-nitrogenized diet for several days.

March 8th. General condition good. Tongue moist and clean; bowels moved several times yesterday, without obvious cause. Inflammation subsiding, but both ears very much deformed by swelling. Pulse 76, temperature $98\frac{1}{2}°$. Urine faintly acid, specific gravity 1.013, clear, light amber, became opalescent on boiling, but no decided precipitate occurred, even after several hours. A few granular epithelial cells, leucocytes, and fine granular masses, containing round and polygonal epithelium, were seen, and a few exudative casts. It contained 12.43 grammes of urea per litre (about 6 grains per ounce).*

From this date, there was steady improvement; several days elapsed before the swelling left the ears, and the hardness from the parotid glands, but the face desquamated rapidly. On the 9th the diet was extended so as to include broiled meat once a day, but the milk and broth were continued. On the 11th she appeared to have definitely recovered, and the next day was allowed to sit up for a short time, subsequently extending the period each day.

On the 14th another examination of the urine was made. It was faintly acid, light amber, perfectly clear, specific gravity 1.012, and was

* The urinary examinations were made with the kind assistance of Dr. Wm. F. Greene, at his laboratory, 1129 Cherry street.

still deficient in urea. A very few bladder epithelial cells and mucous filaments were alone detected; there were no tube casts, and no masses of epithelium. No precipitate was obtained by either heat or nitric acid. The patient, now, was strong, and had a good appetite, the functions were well performed, and she was pronounced well and entirely recovered.

This case is reported for two reasons: first, as showing the amenability of this particular instance of erysipelas to treatment; and, secondly, as a typical case of idiopathic erysipelas, illustrating some of the concomitants of the disease, more especially the transitory desquamative nephritis, and the swelling of the parotid gland.

The treatment was begun by an antacid laxative, magnesia, with rhubarb, and attention paid to the state of the digestive tract during the entire illness. The diet was chiefly milk, from two to three pints daily, given as a drink with ice water, equal amounts, or boiled and thickened with a little arrow root or corn starch. Beef tea and mutton or chicken broth were also used. During convalescence a tablespoonful of brandy was administered with milk, three or four times a day. From the beginning of the treatment to convalescence she took iron, in a diaphoretic and diuretic mixture:—*

℞.	Tinct. ferri chloridi,	♏x
	Acid. acetic.,	♏v
	Syr. limonis,	♏xx
	Liq. ammonii acetat.,	℥ iij
	Spts. ætheris nitrosi,	♏xxv. M.

This dose was given, at first, every two hours, night and day, until improvement was decided, when it was reduced to every three hours, and discontinued at night.

On the 3d, 4th and 5th, it will be noticed that the evening temperature was about 105°. On the 6th she began taking four grains of sulphate of cinchonia each morning; it may have been a coincidence, but it is worth remarking, that upon that evening the temperature was only 99°, and did not subsequently rise above this point.

The local application was a cold poultice of pounded cranberries, which, in my limited experience, has always proved very agreeable to the patient, relieving at once the burning pain; and, moreover, the acid of the berries appears to act upon the dermatitis in much the same way as chrysophanic acid does in psoriasis, rendering the skin pale by contracting the superficial capillaries. Besides the specific effect (if this be true), it has all the advantages of any other form of cold application; the only objection being the minor one of staining the bed clothing, which may be avoided by care. During desquamation, washed lard was applied, once or twice daily, to the affected surface, as an emollient.

In regard to the complications, it will be observed that there was no evidence of endocarditis, but there was a loss of tone in the cardiac muscular fibre, noticed when the fever had passed its height, which, according to Sevestre, is not uncommon in this affection.* The pulse was accelerated, and had lost its tension; the first sound of the heart was deficient. This was corrected only after convalescence became fully established. There was a little bronchial catarrh, but not to an extent to call for special treatment.

But what is probably more important and interesting, is the condition of the kidneys, as shown by the daily examination of the urine. This is so common in erysipelas, that Prof. Da Costa, in his lectures, speaks of it as one of the essential phenomena of erysipelas, and does not look upon it as, properly speaking, a complication.

In a paper upon the "Internal Complications of Acute Erysipelas," the *American Journal of Medical Sciences* for October, 1877, page 327, this eminent authority, says "that albuminuria is the rule, not a mere accident, in erysipelas; that it happens with quite as great, or even greater frequency, as in diphtheria, or in scarlet fever. I have been studying this subject for a number of years, and now know that I am correct in deducing from many observations the rule that albuminuria is present in every case of marked erysipelas; even in light cases it will exist as a transitory phenomenon, perhaps for a day." †

It is more difficult to decide as to the exact period when the albumen appears, as cases are not generally seen upon the first day. Da Costa believes that, as a rule, it does not appear until the disease has reached its height, on the third or fourth day; and it is on this account, in all

* Basham's Mixture should not be put up in quantities and kept on hand, as it undergoes a chemical change, and is liable to deposit the iron upon adding the nitrous ether or other substances, and make a cloudy, grumous mixture, unpleasant to the patient, and discreditable to the dispenser. When extemporaneously prepared, this prescription is perfectly clear, of a bright garnet color, and not unpleasant to take.

* Jaccoud refers to a case of a man dying on the ninth day, with idiopathic erysipelas, in whom myocarditis existed, with a slight inflammation of the mitral valve.—*Clinique Médicale.*

† The kidneys were always found by Ponfick in a state of parenchymatous nephritis. Zuelzer. Article on *Erysipelas*, Ziemssen's Encyclopedia, Am. Ed., N. Y., 1875, vol. II, p. 444.

probability, that it so frequently escapes detection, the urine being examined, as a rule, only once, at the beginning of the illness.

The present case was seen on the second, or perhaps the third, day, when a notable amount of albumen already existed, which, however, was increased the next day. The chemical and microscopical examination of the urine, indeed, was so positive that it left a doubt in the mind whether the patient was not suffering from parenchymatous nephritis antedating the erysipelas, but the gradual, and ultimately the complete, disappearance of both albumen and casts, happily dissipated this suspicion.

The daily excretion of urine was rather less than normal, even while taking Basham's mixture; and the amount of urea was much reduced. Taking the amount of urine at a litre and a half, (it was certainly not more), on the 7th she excreted 24 grammes, and on the 8th only 18 grammes of urea, the latter being about one-half the normal quantity, according to Bischoff and Lehman.*

As this diminution of urea is the reverse of what is generally found accompanying the febrile process, it will require an independent investigation upon a series of cases to warrant any conclusion. For this purpose the urine of the entire twenty-four hours must be mixed, and a certain quantity brought to the boiling point and filtered to separate the albumen; the amount of urea being subsequently determined, as usual, by the standard solution of sodium hypobromite.

With the exception of the nocturnal wandering at the beginning of the illness, there were no cerebral symptoms in this case. This is an interesting observation in view of the fact that some authorities have been inclined to attribute the head symptoms of acute erysipelas to uræmia. It would certainly appear that, if this were a correct hypothesis, the case under discussion was in every way a suitable one, both from the state of the kidneys and the diminished excretion of urea. At every visit the question was asked, whether there was pain in the head or not, and a decided negative answer uniformly obtained. The mind was not dull at any time. In discussing the treatment, it should have been stated that the following hypnotic was ordered:—

℞.	Chloral. hydrat.,	gr.x	
	Potass. bromid.,	ʒij	
	Liq. morphiæ sulphat.,	f.ʒj.	M.

of which a teaspoonful was administered two or three times during the night, with the effect of producing sleep and relieving restlessness.

The final point I would speak of is the swelling of the parotid glands, which is entirely distinct from the enlargement of the sub-maxillary and cervical lymphatics, which certainly may occur in erysipelas, as it does in scarlatina or diphtheria, though to a less marked degree, and which has been, by Trousseau, acknowledged as a constant occurrence, and, indeed, is claimed by Chomel to always precede the dermatitis. The subacute inflammatory process which I have considered as a concomitant of the facial erysipelas, occurs early in the disease, and if the hypothesis I have assumed be correct, it differs in its pathology from the parotid swelling which occurs in scarlatina, measles, typhus, and other essential fevers. Parotitis, or mumps, is often accompanied by a rosy hue of the skin, but, on the other hand, as far as I am aware, attention has not been especially called to the moderate swelling and non-suppurative inflammation of this gland (fluxion, of Trousseau), accompanying facial erysipelas. Perhaps it may have escaped notice in the general œdema of the surface. As this is an important question, I will ask leave to introduce the notes of a case where such inflammation of the parotid followed an attack of erysipelas.

Case.—Mrs. N., 40 years of age. On Oct. 1st, 1877, I was called to the patient, and found her suffering with an ordinary attack of facial erysipelas, which was then at its height, with fullness of sub-maxillary lymphatics, and at the angle of the jaw. By the 6th the inflammation had subsided, and she began to sit up. On the afternoon of the 10th of October, believing herself perfectly well, she accompanied a friend to the front door, and was detained there until she was thoroughly chilled. The same evening she had fever and sore throat, and the next morning the right parotid gland was swollen enormously, and was very hard, though it did not pain her very much, as her chief complaint seemed to be of her throat. The fauces and tonsils were congested, and caused pain on swallowing.

Half a dozen leeches were applied to the gland, followed by warm fomentations. She had a blue pill occasionally, and strength was sustained by Huxham's tincture and a nourishing, soft diet. The swelling and hardness had not materially diminished when the case passed out of my hands, ten days later. I subsequently learned that she made a tedious recovery, with good nursing. There was no tendency to suppuration and the formation of abscess, which is

* Dalton's Physiology, sixth edition, Philadelphia, 1875, p. 109.

said to be the characteristic of ordinary acute inflammation of the parotid.

As far as my observation has gone, parotid swelling is neither infrequent nor unimportant as a concomitant of facial erysipelas. It has been present in a number of cases where I have sought for it, and doubtless in many others where this point was overlooked. This coexistence is important, in view of the fact that we are yet in the dark as to the causation of mumps, beyond the fact that it is a fever, due to a specific poison, showing a special predilection for the parotid glands.

Da Costa says,* that erysipelas may be confounded with mumps, and he has known the error to be committed. If it shall appear, from subsequent observation, that parotitis generally accompanies the erysipelatous poison, there may be a warrant for the supposition that mumps is more closely related to erysipelas than is generally believed, and that a contagious inflammation of the parotid glands may be an imperfect expression of the erysipelas invasion, just as an epidemic and contagious sore throat may be the sole expression of the scarlatinal infection.† This question must, however, be allowed to remain for future development.

From the tenor of this article, it is seen that the writer does not adhere to the view expressed by Hebra, that erysipelas is purely a local disease. As it is seen by the physician, erysipelas is a specific, slightly contagious, eruptive fever, going through definite stages, and attended by certain well-known changes in the blood, and liable to special visceral complications. In view of all this, it passes comprehension that Bristowe can look upon it as a local disorder, and state that "there is no special affection of internal organs in erysipelas."‡ To show to what straits the advocates of particular views may be reduced, a case is quoted by Frank,§ where the albuminuria is accounted for by the statement that the inflammation extended "along the urinary passages to the kidneys."

I had intended to include in this paper several cases of albuminuria occurring in traumatic erysipelas, but these must be left for subsequent discussion. Certain it is, that the laws governing erysipelas, both medical and surgical, are much less clearly defined than is desirable. Under special circumstances, the poison becomes endowed with a virulence that may sweep through certain wards of a hospital, making itself the dread of the surgeon; at other times, when the hygienic conditions are less favorable for its development, the contagium is so feeble as to lead many to doubt its existence. In ordinary cases the disease is very amenable to treatment; but relapses are not infrequent, and I have known a patient, after passing through a severe attack, to have two relapses before he finally recovered.

* "Medical Diagnosis," Philadelphia, 1876, page 770.

† See discussion on "Scarlatinal Sore Throat," in the proceedings of the Philadelphia County Medical Society, for 1878-79; and Philadelphia *Medical Times*, vol. IX, page 90.

‡ "Theory and Practice of Medicine," Philadelphia, 1876, page 286.

§ "Reil's Fieberlehre," vol. II, page 372; "Eberle's Practice," seventh edition, page 374.

THOUGHTS ON MIDWIFERY, No. 4.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

(*Concluded from p. 269.*)

It must be admitted that the physicians who write for the *American Journal of Obstetrics* fairly represent the teaching and practice of the day. Let us see what they do. At page 747 of the *Journal*, Dr. Meriwether Lewis, A.M., of Tennessee, says: "On the 13th of April, 1878, at six o'clock, A.M., I was called to see Mrs. L. D. J., then in her second confinement. *Pressed for time, and expecting similar calls elsewhere* (italics mine), I ruptured the membranes, employed orificial irritation (Miller), external pressure (Playfair), and had my forceps ready, so as to deliver promptly, should the case prove at all tedious. By the use of those legitimate means an otherwise protracted labor was rendered comparatively short, so that at nine, A.M., six hours from the occurrence of the first pain, the head was safely delivered." I need not quote the whole case; it was the most favorable of all the presentations known—"presenting in the first position of the vertex," and yet this learned doctor, versed in the various means of "orificial irritation" lauded by Miller, and in the proper mode of "external pressure" taught by Playfair, the masters whom he blindly follows, stopped not a moment to see how Nature was doing her work, but, "pressed for time, and expecting similar calls elsewhere," he ruptured the membranes, and then, for three hours, labored at dilating the os uteri, and at pressing forcibly on the belly, to push the child down into the pelvis—what a spectacle! and why? Because he was pressed for time. The woman had no rights which he was bound to respect. When delivery was effected, he says: "The placenta was promptly extracted by the method of Crede." No pause

in his heroic exertions, even after the child was born, but *promptly* the teachings of another master came to his mind, and the afterbirth was pushed, by heavy pressure, out of the womb. What a sad record is this: called to one of the most natural labors, within three hours of the first pain, he finds it proceeding naturally, the woman in the best condition; no great suffering; no dangers threatening; and yet for three hours he never left her alone a moment, but unceasingly plied his means to "hurry up" the labor. Had he been from home when sent for, and the woman been alone, there is not a doubt with me that she would have had a comfortable, safe, successful termination of her labor, and the placenta would have come away in less than half an hour—perhaps in ten minutes, without her being subjected to heavy pressure on her tender womb.

But let us look at another case. In my last paper I referred to a case reported by Dr. H. P. C. Wilson, of Baltimore, on pages 863-4 of the *Journal*. He says: "The labor was normal, and no necessity for interference existed, but at the earnest solicitation of the woman chloroform was administered from time to time, and pushed to destroying consciousness just before the birth of the child occurred.". The difficulty which he afterward had in this case is narrated in my former paper, and I will now merely ask why, when the labor was normal, and no necessity for interference existed, did he *push* the chloroform till his patient was unconscious? He says, "at the earnest solicitation of the woman." He would have us infer that he was induced by the patient's entreaties to swerve from his plain duty to leave the case alone, and do an act in his belief not necessary. Can we believe that he needed much solicitation, when in twenty-eight years' practice he "had used chloroform in nearly every case of labor he had attended." I use his own words. No, he had contracted the habit of meddling with cases "which were normal, and in which no interference was necessary," and thus, this poor woman, too, had to take the remedy which had been used in nearly every case during twenty-eight years—I tremble as I read his paper—recklessly using an agent in nearly every case of labor, for twenty-eight years, which many of our best surgeons are afraid to to use at all, or use only when mixed in small proportions with sulph. ether, in capital operations, when humanity imperatively demands that the sense of suffering shall be benumbed, and even then, death is sometimes produced by it in the twinkling of an eye. Would that I could lift the curtain which vails this practice of twenty-eight years, and see the disasters which cover the theatre of his labors. When we look at the history of this whole case, which he declared was normal, and that no interference was necessary, and then see how the poor woman was rendered unconscious; how she was pressed for hours, by heavy, strong hands on her sore abdomen, and her uterus entered five times by a large hand, carrying ice into it, and its tender, almost raw inside raked by finger nails, the intervals between the times being occupied by doses or injections of ergot, we may have some faint idea of the result of unnecessary meddling. And now I must specify my belief that there are but few cases of primary inertia of the womb; but, as hinted by Dr. T. G. Thomas, that nearly all are secondary—the result of fear, produced by the behavior of the doctor, or by his mismanagement of the labor.

Let me not be understood as charging these improprieties alone on young physicians; a man may have practiced many years, and yet be in a hurry, or be expecting other cases, or believe that Nature is a poor midwife, or that chloroform is a valuable aid, or that it is wrong to let the woman suffer, and in such a case we would not expect that he would patiently wait and see the uterus expel the child, and then again wait and see it expel the afterbirth. I have many times given ether moderately, to lessen the pains of unusually severe labors, but, in fifty years, never once chloroform; never once have made heavy pressure on the abdomen to aid in forcing away the child, or to push away the placenta; never have raised the foot of the bed, that the heart might more easily throw the blood into the brain; never used an injection of solution of iodine, or persulphate of iron, or alum, or hot water, or carried "a rag wet with vinegar" into the womb. And yet I have never had a fatal case of hemorrhage. Some troublesome ones have occurred, but they have been relieved by gently grasping or pressing the hand over the region of the womb, and by giving ergot, and introducing the hand and removing the clots from the womb, emptying it, as Dr. Albert Smith would say, so that it may contract. Nor was it my practice ever to hurry away the afterbirth, or to make pressure upon the abdomen, as soon as the child was born, to prevent flooding. Always after the delivery, and when I had seen that the child was comfortable, I placed my hand on the abdomen of the mother, to ascertain if the uterus was well contracted, or to determine whether there was another child, and on finding things all right, I took my seat and waited until the

pulsation in the cord had ceased, then tied it, cut it off and laid it carefully away. The mother, exhausted by her great efforts, calmed by her burden being removed, and by the disappearance of all pain, was carefully covered by additional bedclothes, that she should not too quickly be chilled while in so great a perspiration. Then she was left alone to enjoy the sweet relief from pain, and the intense enjoyment which only a mother can know when that hour has arrived, and been crowned with success, for which she has waited through long months of anxiety, and ofttimes of suffering. And here, while my patient is resting, while her heart is slowing its rapid beat induced by the energy which her whole system put forth in these last few forcible throes, let me call attention to the fact that I did not tie the cord until it had ceased to beat, and need not have tied it at all. If you will allow the cord to be whole until the pulsation in it has ceased, after that you need not tie it. Why? Because it has contracted naturally, and perfectly closed itself against the entrance of blood from the arteries within the child's body. Generally, in ten or fifteen minutes a cord which was almost as thick as a man's thumb, warm and bloated with blood, will be a small, white, cold, flaccid cord. Nature has done her work effectually. Suppose, now, that the cord had been cut (as has been advised and practiced) as soon as the scissors could be reached, and while pulsating; the natural contraction would have been interrupted, and though well tied, yet, if the shrinkage, by its loss of blood, should loosen the ligature, there would probably be "hemorrhage from the cord" and death of the child.

I doubt not the same thing is true of the womb: that when the labor is completed, as in Dr. Wilson's case, hours before it would have been accomplished in the natural way, drawn away in five minutes, when it should have had as many hours to dilate the mouth of the womb, the vagina and the perineum, and give the uterus time and opportunity to gradually and regularly lessen itself, that this sudden, unnatural, premature emptying of the womb prevents that action of its muscular fibres which, in a natural labor, as in the natural emptying of the cord, induces perfect contraction and secures its vessels against leakage. But we have been away from our patient some time; she has had quite a comfortable nap, and has been so quiet that not a limb moved, but now a slight movement is made, which, to the practiced ear of the Doctor, indicates a slight pain. He knows that the uterus, having had its usual rest, of from ten minutes to half an hour, after the birth of the child, is aroused to expel the placenta. And now the physician, if a pain or two, or three, should not throw it into the vagina, will take hold of the cord with one hand, and tighten it gently, then, introducing the forefinger of the other hand, will press it against the cord, and carry it backward while it is held firmly by the first one; this will at once draw it into the middle of the upper strait, and a slight effort of the woman will expel it, and soon all is over. No. What is this? A gush of blood. The woman says, "There is something running from me, Doctor!" I look, and find it floating over the bed, if there be an oilcloth under; or, if not, I may see it running through the bed on to the floor. But I am not in a hurry; do not call for ice, or vinegar, or hot water, or tell the woman to press on the belly, but simply look at her face; if it be not blanched, and if, on feeling the abdomen, I do not find it large and soft, I make gentle movements over it, to excite it to contraction, and fearing there may be some clots, perhaps I introduce my hand, but may find none. This discharge, which seemed somewhat alarming, was only the proper discharge, just what was needed to relieve the vessels of the womb, and thus, perhaps, avert convulsions, or an inflammation of the uterus.

I have often seen a large flow of blood, from a pint to a quart, come away, soon after the delivery of the afterbirth, and yet neither the face nor the pulse of the woman indicated a too great loss of blood. It is, therefore, very satisfactory to me to quote the following from a paper (recently sent to me by the author), entitled, "Bloodletting, as a Therapeutic Resource in Obstetric Medicine, by Fordyce Barker, M.D." After speaking of a fatal puerperal case, he said: "In reflecting on this case, I have often deeply regretted that I had not bled this patient, either before her confinement, or when the attack of metro-peritonitis came on, as she lost very little blood during labor. I have often asked myself whether, from fear of *post-partum* hemorrhage, we may not sometimes have carried too far our precautionary measures to secure the immediate and permanent contraction of the uterus. I remember, some years ago, that I was forcibly impressed by a remark on this point by my friend, Dr. Peaslee. In reporting a case of amputation at the shoulder joint, he observes that, "in a perfectly healthy and vigorous patient as much blood should be lost, at least, as is constantly circulating in the limb before its removal; other-

wise the patient is left in a state of actual plethora, to some extent, in consequence of the operation." After reasons for the opinion, he adds: "Nor is this principle less important in obstetrics than in surgery. The perfectly healthy (and generally (?) somewhat plethoric) parturient female should lose from one to two pounds of blood, at least, in parturition, in order to be in the best possible condition for convalescence without accidents." To the above opinion of Dr. Peaslee, Dr. Barker adds: "Although I cannot approve of the above proposition, as a general truth, applicable to parturient women, I should accept it as true of an exceptional number." I am glad to have my observations thus confirmed by men of experience. Many cases of this kind are reported in medical journals as cases of dangerous post-partum hemorrhage, and some means which were used are praised as having proved very efficient, when there was really no necessity for any interference.

MEDICAL DELUSIONS.

BY C. C. VANDERBECK, M.D., PH.D.,
Of Allentown, N. J.

In the course of my readings, many medical delusions have come to my attention, and have been entered, for future reference, in my scrap book. It may be of interest to some of the readers of the REPORTER to reproduce some of them.

Prof. Robley Dunglison, in an introductory address to the course of Institutes of Medicine in Jefferson Medical College, delivered November 4th, 1842, on certain medical delusions, says: "Mysterious as are the functions executed by living beings, and especially by the most elevated of them—man; intricate and inscrutable as many of them have been, are, and must probably ever remain; it is not strange that attempts should have been made, in all ages, to penetrate the obscurity; and that singular and fantastic notions should have received, in the infancy of science, a degree of attention of which they were undeserving."

Magnetism, in its earliest history, was considered a most potent agent for the cure of many diseases.

An ancient author relates the case of a peasant, who, having swallowed a knife, had it drawn through the parietes of the abdomen by a magnetic plaster. Dr. Dunglison says that some of the older surgeons of Ambrose Paré's time, in cases of hernia, made the patient swallow a magnet, and placed iron filings on the hernial protrusion, to draw it inward. He tells us also, that Paracelsus and Von Helmont recommended a magnetic plaster to the abdomen when abortion was threatened, to draw the fœtus upward. In these same times all wounds inflicted by metallic bodies were treated with the magnet. It was carried so far, that magnetizing the weapon that had produced the injury was deemed all-sufficient.

Hence, arose weapon salves. The following recipe is a specimen of the character of these salves:—"Take of moss growing on the head of a thief, who has been hanged and left in the air; of real mummy; of human blood, still warm, of each one ounce; of human suet, two ounces; of linseed oil, turpentine and Armenian bole, of each two drachms; mix all in a mortar and keep the salve in an oblong, narrow urn."

From two to four centuries have passed since such ridiculous ideas were in vogue concerning the magnet, among the highly educated of the times.

It is a question whether a delusion ever entirely dies out. Appearing at some time of its history, even among the educated, it finally is pushed back to the ignorant classes, among whom it may be retained for ages. Like the grains of corn found in the Egyptian catacombs, hidden for centuries in the dark chambers of the dead, they need but a favorable opportunity to spring up and produce a luxuriant harvest. So the seeds of delusion are retained among the superstitious, and in the fullness of time, under favorable circumstances, they may bear an abundant harvest of error.

Within a year a blooming, but ignorant, mulatto damsel earnestly requested me to procure for her a magnet, that a truant lover might be attracted back to her side and arms. It is to be trusted that our young ladies will not adopt the hanging of a magnet from the vinaigrette, to aid them in attracting and charming young gentlemen at the sea side, or in the drawing room.

Is it not, also, the recognition of these latent seeds of delusion among the ignorant, that leads quack medicine venders to apply the term "*magnetic*" to many of their mixtures? Thus, we hear of magnetic liniments, plasters, salves, pills and syrups; magnetic disks and touches, and so on, through an extensive list. Some of the other catch-names used by these villains to delude the people may be gathered from a price current of proprietary medicines. For instance: Electric, infallible, scattering, *volcanic*, oil of life, golden, magic, voltaic, etc., etc.

In my library I have a little book, 130 years old, published in London, called the "Problems

of Aristotle," from which may be gathered a good idea of the state of scientific knowledge and of the errors of his age.

We are wont to call our age a materialistic one, but what is more material than the explanation given by Aristotle twenty-two hundred years ago, why the brain is moist? He says, "because it may easily receive any impression, which moisture can best do, as it appeareth in wax, which doth easily receive the print of the seal when it is soft." The work abounds with allusions to the banefulness of a certain fluid called phlegm, if existing in excess in any part; also to the methods taken by Nature to relieve this condition of excess in a part. The secretion from the mucous membrane lining the nose and frontal bones was considered to flow from the brain. One of the reasons he gives why Nature made the nostrils is, because the phlegm which doth proceed from the brain is purged by them; and men sneeze so that the sight and brain should thereby be purged from superfluities; giving then the application of this knowledge by advising the use of sneezing medicaments to purge the brain. He cautions us that such persons as cannot sneeze die quickly, because it is a sign their brain is wholly flooded with evil humors. If the amount of sneezing bears any relation to intellection, oh, ye people, ye voters, choose, then, for all positions requiring clear-headedness, the poor hay-fever sufferers. By the way, I would remind all concerned that I am one of these victims. It would compensate very much for the two months of autumnal anguish, if at length it secured for me a presidential chair and a trip around the world.

Aristotle informs us that the heart is continually moving, because in it there's a certain spirit which is more subtle than air, and the retractions and expansions of the same cause the heart to throb and the pulse to beat.

A later school teaches that the proper dose of medicine could be obtained by taking the square of the patient's constitution, and yet no rules were given to determine the constitution. This assertion was quoted and requoted for many years.

Another strange error of ancient times was the idea of the function of the lungs. Fancied acid and alkaline humors were presumed to meet in the heart, to excite effervescence there, which generated heat to an extent that might have been dangerous, had not nature placed the lungs in the vicinity, to act like a pair of bellows, and temper it.

Aristotle also taught that black eyes could see well in the daytime, but not well at night; while gray eyes were just the reverse. He tells us that the nose stands out further than other parts of the body because it is the sink of the brain, by which the phlegm of the brain is purged; and, therefore, it stands forth, lest the other parts should be defiled. He says, moreover, men have more teeth than women; spittle proceeds from the froth of the lungs; birds have no spittle because they have very dry lungs; white spots appear in the finger nails through the mixture of phlegm with the nutriment. A woman which is with child with a boy, has the right pap harder than the left; eating fish and milk at the same time produces leprosy; milk is unwholesome, because it curdles in the stomach; blood is red, because it is like the part in which it is made, *i. e.*, the liver; the seed of a man retained above its due time is converted into some infectious humor; a woman conceives a female child when the seed of man falls into the left side of the matrix; if a woman, after copulation, does lie on the left side, 'tis a girl.

Many herbs having a reputed efficacy in the treatment of various diseases were, in the past, selected because of their form or marks; thus, wood sorrel, being shaped like a heart, is used as a cordial; liverwort for the liver; the celandine, which has yellow juice, for jaundice; herb dragon, which is speckled like a dragon, to counteract the poison of serpents, etc.

Scrofula was the king's evil for seven hundred years, and it was supposed to be curable by the royal touch, from the time of Edward the Confessor (1041), twenty-five years before the Norman conquest, to that of Queen Anne (1714). The last person touched in England was Dr. Johnson, in 1712, when only thirty months old, by Queen Anne. On Easter Sunday, 1686, Louis XIV, of France, touched sixteen hundred persons. The practice was introduced by Henry VII, of England, of presenting the person touched with a small gold or silver coin. (Dictionary of Words and Phrases). Scrofula is no longer the king's evil, but as a protection against fire and drowning an occasional advertisement may yet be seen in our daily print, calling for a child's caul. A spray from the rowan tree is no longer a safeguard against an epidemic; yet the bag of camphor or assafœtida is suspended from the neck of old women, to protect them from miasm and contagium. The desire for infallible remedies and potent protections is, indeed, as strong to-day as at any time in the history of man. This makes a rich field for quack medicine venders to work in.

Is there not something saddening, and even sickening, in the evident success which attends

the pretensions to cure chronic and irremediable diseases, to effect miracles, in short, with the most ridiculous means.

It is the duty of each physician to diffuse the knowledge of physiology and of medicine. Superstition is an offspring of ignorance. Let in the the light and you will disperse the darkness of error. It is not true wisdom to hoard, to lock up, your knowledge. Fight quackery with light, with education, and it is defeated. It is to the advantage of quacks to keep the people in ignorance; it is ours to have them well informed.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

At the meeting of February 12th, Dr. Benjamin Lee read an article on an adaptable porous jacket employed in cases of Pott's disease and spinal lateral curvature. This jacket is made of porous felt, and its design is the same as that of Dr. L. A. Sayre's plaster-of-Paris jacket, except that the latter is immovable, while Dr. Lee's is adaptable. The latter peculiarity gives it various advantages, in the opinion of the lecturer.

In the discussion which followed, Dr. H. H. Smith expressed his opinion that those who wrote most on the subject ignored greatly the anatomical relations of the spinal column, and were too purely mechanical in their ideas. He feared that there was such a thing as living too long, when he noticed that plans of treatment formerly well known had been lost sight of, and others renamed as novelties. Fifty years ago, in the practice of Dr. J. K. Mitchell, of this city, the speaker had seen almost the same apparatus for suspension by the head and shoulders as had been exhibited this evening. This plan was then used by Dr. Mitchell, with the promise of very excellent results, but in several instances in which it had been tried, under the speaker's observation, the result was not what had been anticipated by either the surgeon or the patient. Indeed, very little had been gained by suspension that was not also derived from the old treatment of confining the patient to bed.

Independently of the fact that treatment by extension is not new, and independently of its former results, the speaker would inquire of the lecturer how suspension by the armpits can stretch the spinal column. You may push the scapulæ as far up as the ears, and yet not stretch the spine. The axillary horns of the crutch-like splint devised by Pott were not intended to extend the spinal column, except by the instrument makers; but the axillary or crutch-head processes kept the spine from bending forward, and thus straightened it, while apparently increasing its length. Dr. Smith would also extend this objection to the practice of self-suspension, which, though it might stretch the pectoral and scapular muscles, could not possible extend the vertebral column. The difference in height shown after suspension by the head is in some cases but slight, or may be an error in the measurement, but in other cases it is due to throwing the shoulders backward and partially unbending the bow formed in the spinal curvature.

Dr. Lee replied at some length to the observations of Dr. Smith, stating that in the suspensory apparatus the shoulder straps are not intended to extend the spine, but merely to relieve the patient occasionally, by taking part of the weight from the neck in applying the jacket. When using self-suspension as an exercise, the axillary bands are never used.

Dr. M. O'Hara reported the case of a child, sixteen months old, who had for two days presented the following symptoms: intense pain, as if from violent colic; threatening convulsions; and sleeplessness; The bowels and bladder were thoroughly evacuated without effect. Relief was obtained only after narcotism by potassium bromide and opium. By accident the mother perceived a foreign body protruding from the anus, and by traction withdrew about eight inches of ordinary grocery twine, which at once afforded complete relief.

RHODE ISLAND MEDICAL SOCIETY.

At a recent quarterly meeting of the Rhode Island Medical Society, the Secretary, Dr. Anthony, moved that a committee be appointed to consider the feasibility of petitioning the General Assembly for the enactment of a law regulating the practice of medicine.

Dr. Ballou said that such an effort would be more favorably received if proposed by the laity. If a proposition which aimed at the exclusion of certain alleged medical practitioners sprang from the Society, the charge of selfishness would be made against its members. He was opposed to quacks, but doubted the wisdom of the proposed scheme.

Dr. Anthony replied, stating that a law regulating the practice of medicine was in successful operation in Illinois.

Dr. Newhall was in sympathy with the remarks of Dr. Ballou. He thought that a large proportion of the people of the State were in the hands of quacks. If a man was sick, he would send for the man who would cure him in the shortest time. He doubted, therefore, whether the proposed law would do any good.

Dr. Anthony explained that the law was not intended to exclude practitioners of any one school. It was merely to see that applicants for leave to practice medicine were reasonably well qualified to do so.

The society then voted to appoint the committee of inquiry, and the chair appointed Drs. Ballou, Baker and Wiggin as the committee.

Dr. Potter moved as an amendment to the by-laws, that applicants for membership in the Society should be propounded at the meeting of the Society previous to the one at which the vote on admission would be taken.

Considerable discussion ensued, mainly on minor points involved in the question. The resolution was finally referred to the Board of Censors, for their consideration.

A communication was received from the Rhode Island Pharmaceutical Society, agreeing to the

adoption of the metric system on and after Jan. 1, 1880.

Dr. Kenyon, from the Committee on Expert Testimony, reported that physicians were not obliged to testify as experts without extra compensation. If they testified voluntarily they could only claim ordinary witness fees. The committee recommended that application be made to the General Assembly for the enactment of a law in relief of cases of expert testimony. The committee was continued, with power to apply for such legislation as might seem to be needed.

Dr. Caswell reported two interesting cases. One of them was that of a shawl-pin removed from the windpipe of a girl. The pin was inadvertently swallowed, and was removed by tracheotomy, after having been in the throat for three weeks.

Dr. Garvin read a paper upon diphtheria in the country towns.

Dr. Whitney agreed with a good deal that Dr. Garvin had said. He thought that diphtheria was of a catarrhal origin.

Dr. Forsyth enlarged upon what Dr. Garvin had said against the idea that the physician could carry the disease from one person to another. He had had a large experience in diphtheria, and never knew a case where the physicians could have carried the disease.

Dr. Brown said he had noticed that when there was a good deal of cholera infantum there was very little diphtheria. He thought the temperature had, indirectly, a good deal to do with the disease.

Dr. Mitchell was called upon for his opinion. He spoke for a moment about cases which had fallen under his experience.

Dr. Stanley was satisfied that filth had but little to do with the disease. He noticed that the disease was much more prevalent in one locality than another, but confessed that he was a good deal in the dark about the disease. This sentiment was mildly applauded.

Dr. Ballou queried what changes had taken place in the air of the earth that made cases of throat disease so much more numerous during the past ten years than they had been previously.

Five minutes recess was then taken.

Upon reassembling the committee appointed for the purpose nominated the following gentlemen as delegates to the meeting of the American Medical Association, to be held at Atlanta, May 17: Drs. E. T. Caswell, George P. Baker, Charles O'Leary, W. E. Anthony, J. H. Eldridge, L. W. Clapp, L. F. C. Garvin, C. S. Gardner, H. G. Miller, A. C. Dedrick, F. H. Peckham, Jr., George W. Porter, O. C. Wiggin, F. H. Rankin, J. W. C. Ely, O. W. Brown, C. H. Fisher, and S. F. Walker.

The delegates were elected.

The Board of Censors reported upon Dr. Potter's resolution referred to them. The Board reported the adoption of a rule requiring applicants for admission to the Society to make their application to the secretary, who should read the names in open meeting, after which the name of the candidate should lie over for three months before being acted upon.

Dr. H. G. Miller exhibited some new instruments for medical use, and explained the operation of two new remedies, both relating to the treatment of diseases of the eye.

Dr. Brown gave an account of a case recently in his hands. He read extracts from the experiences of another physician, chiefly with reference to the favorable result to be obtained from the antiseptic treatment in ovariotomy.

Dr. Newell said the Massachusetts State Board of Health was inquiring into the subject of heredity. He had received a paper asking for information upon the subject. If any of the older physicians had information bearing upon the subject, he should like to be informed.

Dr. Caswell stated a case which had fallen under his notice.

The meeting then adjourned to Ardoene's, where an excellent collation was served and enjoyed.

EDITORIAL DEPARTMENT.

PERISCOPE.

Nerve Stretching in Tetanus.

The *Medical Times and Gazette*, of London, says—

Dr. J. J. L. Ratton, Professor of Surgery at the Medical College, Madras, has published a small pamphlet with the praiseworthy object of encouraging the study of tetanus, and especially its treatment. Hospital statistics which he gives show that the disease at Madras is most prevalent and fatal in April, and least so in September and December. It affects natives more than it does Europeans, apparently because the native is more exposed to the changes of temperature between night and day. He has had more cases in patients kept in sheds out in the open air than in the wards of the general hospital; and cases frequently occurred after a rain storm. Regarding treatment, he is most in favor of the chloral hydrate, but it must be given very boldly and continuously, in heroic doses, kept up for at least a week or ten days. Drachm doses should be given every two or three hours, till the patient is so far narcotized that he lies in a state of sleep, from which he can be roused to take food in a mechanical way at intervals. When the narcotism has been established the medicine may be given less frequently. Dr. Ratton declares that it is worse than useless to give the chloral timidly or intermittently. He devotes some attention to nerve stretching, of which his impression is favorable, as a means "of modifying the conductivity of the whole nerve, from its roots to its termination, and of establishing a new and healthier action in it." He gives four cases in

which he performed this operation, but of the four three were fatal, although the *clonic* spasms of the limbs appeared to be controlled. The patient who recovered was kept under the influence of chloral for a fortnight after the operation. The other patients died from exhaustion, and would probably have died under any treatment. Dr. Ratton does not seem to think the carbolic acid spray essential in the operation of nerve stretching, and, curiously enough, seems to consider that suppuration in the course of the nerve that is stretched is "an important factor in the remedial action of nerve stretching."

Treatment of Obstinate Psoriasis.

Dr. J. B. Bradbury writes to the *Lancet*—

There are few physicians who have not met with cases of psoriasis which have been most rebellious to treatment. During the last few years several such cases have come under my notice, and I venture to place before the profession the methods of treatment I have found most useful in these obstinate forms of the disease. At one time I treated all cases of psoriasis with Fowler's solution, and an ointment containing in each ounce of lard six grains each of the bisulphuret and red oxide of mercury, and two minims of creasote. The success attending this mode of treatment was most marked. Four or five cases have, however, of late been under my care, in which this method of treatment has signally failed.

One of these cases was that of a young girl, fourteen years of age, who had never menstruated, and whose body was almost covered with the eruption, the patches being especially well developed over the elbows, knees, and abdomen. In this case all the ordinary remedies were tried, including red ointment, alkaline and bran baths, Plummer's pills, arsenic alone in ordinary doses, and combined with iodide of potassium, liquor potassæ, tincture of iron, tar capsules, Donovan's solution, the biniodide of mercury, tar and carbolic acid ointments, etc. There was, however, little or no improvement, although the remedies were fairly tried for a sufficient length of time to test their efficacy. The girl was well nourished, otherwise I should have given her cod-liver oil. What benefited the patient most was a mixture containing eight minims of liquor arsenicalis and ten grains of potassium sulphate, in an ounce of water, given thrice daily; and subsequently a mixture containing sulphate of iron and sulphate of magnesia. The eruption did not completely disappear till the catamenia had been for a long time established.

On Chronic Nephritis.

Drs. Sparks and Bruce lately presented a paper on this subject to the Royal Medical Society of London. They showed the relations of the amounts of urine, albumen and urea to each other in the patient on ordinary mixed diet, and while taking ordinary exercise; and then gave the results of experiments with absolute milk diet, non-nitrogenous diet, excess of eggs, and nitrogenous diet with water, respectively, and also the effects of rest, of exercise, and of the administration of digitalis, upon the amount of albumen and of urea, and on the specific gravity and the total amount of the urine. The principal conclusions arrived at are—that the amount of albumen was reduced by milk diet and by non-nitrogenous diet; that the effect of the milk diet was not merely due to the albumen being more than ordinarily diluted, for ordinary diet, with an equal amount of water, did not produce the same result; that the effect of non-nitrogenous diet was decided, was not immediately produced, and persisted some time after the re-ingestion of nitrogen; and that absolute rest markedly reduced the amount of albumen. The authors do not pretend to draw settled general conclusions from their experiments, to be applied universally in Bright's disease, but think that their observations indicate that certain factors beyond the disease process had to be regarded in this case of albuminuria; these factors must be physiological facts which are still unknown, which evidently are related to the processes that occur between the digestive organs and the kidneys, and which, being physiological, must be taken into account in every case of albuminuria; and that diet and rest are of the greatest importance in the treatment of albuminuria. Much has been written lately on intermittent albuminuria, and the results obtained by the authors suggest that all cases of albuminuria not intermittent are probably remittent. They do not accept the explanation of the increase of albuminuria by exercise as always due to increased pressure; and their view on this point is supported by Dr. Quain's account of a case in which albumen was present largely in the urine after breakfast, and declined very greatly during the day. One of the most remarkable points about the paper is the fact that the great majority of the laborious and careful investigations were made by the patient himself, who is a medical man, suffering from chronic phthisis, chronic heart disease, and chronic nephritis, the urea, albumen, specific gravity, and total amount of the urine being estimated five times daily, for weeks.

The Treatment of Acute Obstruction of the Bowels.

Writing on obstruction of the bowels, Dr. T. C. Allbutt says, in the *British Medical Journal*—

Let us dispose hastily of all cases of essentially chronic obstruction. They rarely need heroic action or great presence of mind either in physician or surgeon. We thus clear our way to the essentially acute cases; and we have found that in these inflammation always counts for something, generally for a good deal. Now, whether we know exactly how to deal with the main cause or not, we always know how to deal with the inflammation; and, except in the extremest urgency, our first duty is to simplify our case by lessening this. Unfortunately, means are often used which tend rather to aggravate the enteritis, and of all these, injections into the bowel are the most mischievous. Even in the case of fecal accumulation, it is not the fecal mass, but the inflammation set up by it, to which the explosion is due, so that even in these cases it is wild practice to pump into the inflamed

bowel and to drag the patient hither and thither in bed. Even for diagnostic purposes, enemata are rated far too highly, and are rarely of much service. Clearly, it is our duty to reduce our case by complete rest, opiates, fomentations, and a leech or two to the abdomen or anus until the enteritis subsides, and then we can deal as we see fit with its cause. But if enemata are abused in fecal accumulation, wherein they are chiefly valuable, what are we to say of the fashion of forcing their employment in cases of internal strangulation? It is certainly conceivable that an intussusception may be unfolded by a forcible and ample injection, or by the insufflation of air, but to force air or water against a knotted or snared loop of intestine is surely outrageous meddling. And yet I have never been called into a case of such obstruction without finding that such a measure has been assiduously employed, to the harassing of the patient, to the aggravation of the symptoms, and to the increase of inflammation around the stomach. I believe no formula can be drawn from our experience of more value than this, namely, that if rest in every way be sedulously enforced, and the inflammation which palsies the bowel be carefully combated by the use of sedatives, such as opium and belladonna, and other means, cases of obstruction of the bowels tend to recovery.

The Treatment of Alcoholism.

In the *Practitioner*, Dr. F. P. Atkinson says, on this subject—

As far as I can see, there would appear to be three different stages in this disease, viz.:—

1. Sleeplessness, accompained by a hard, quick pulse; loss of appetite in the morning, and morning sickness.

2. Drowsiness, accompanied by a slow, somewhat compressible and excitable pulse; complete loss of appetite; and constant sickness. The blood has in it an excessive amount of hydrocarbon.

3. Delirium, accompanied by complete absence of sleep and the presence of horrible apparitions, especially at night. The pulse is small, quick, easily excitable and compressible. The blood is deficient in red corpuscles. Hydrocarbons are present in poisonous quantities; the brain undergoes little or no repair. The vasomotor nerve influence is almost entirely lost.

The treatment I have found beneficial in each stage is the following:—

First Stage.—

℞.	Tinct. rhei.,	♏x
	Tinct. card. co.,	ʒss
	Tinct. hyoscyami,	ʒss
	Acid. hydrocyanic, dil.,	♏iij
	Sp. chloroformi,	♏xv
	Aquæ, ad,	ʒj.

Quartis horis.

The prussic acid acts as a sedative to the stomach, heart and brain. The hyoscyamus has also to a certain extent the same effect.

Abstinence from stimulants in this, as in the other stages, is strictly enjoined, but when I find it difficult to get this carried out, I allow a glass of claret three times a day. It is essential that the patient gets plenty of light and easily digestible food, and with this object, I order Brand's essence of beef, milk and eggs beaten up together, and barley water. This diet is suitable to each stage. The only thing to be said is, the more the depression the more the nourishment.

Second Stage.—The treatment should be the same as just described, only it is as well to omit the prussic acid, as there is not the same excitement present.

Third Stage.—Chloral should be given in thirty-grain doses every four hours, till sleep comes on, and then repeated as often as necessary. The nourishment should be by no means forgotten, and stimulants should be strictly forbidden.

If chloral is gone on with beyond a certain time, a sleepless condition recurs, when nux vomica and gentian should be given, as follows:—

℞.	Tinct. nucis vomicæ,	♏x
	Tinct. gentian co.,	ʒss
	Ess. limonis,	♏j
	Sp. chloroformi,	♏xv
	Aquæ, ad,	ʒj.

Ter quaterve die.

This rarely fails to reinduce sleep, but if persisted in long after it has produced its effect, sleeplessness returns. When this is the case the tincture of gentian, calumba or chiretta should be given alone.

These remarks, I am afraid, will have but little interest for the scientific observer, but they cannot, I think, fail to be of use to those engaged in general practice.

To show to what extent alcohol may be present in the blood, I may mention I have known it to burst into flame on a light being applied to a cut head, and Professor Ogston, of Aberdeen, has told me he has been able to set it alight, when he has cut open the bladder of a man who has died in a fit of alcoholism.

Significance of Tremor.

Dr. A. Colles says, in the Dublin *Journal of Medical Science*, We may, I think, feel justified in saying that the relative value of the two forms of tremor as a pathological symptom is this: That when the trembling is constant the case is to be regarded as one of irritation of the nerve centres (though the exact nature of this irritation still remains to be determined), while in those cases where the tremor is intermittent, and excited chiefly by attempts at voluntary motion, we have to deal with instances of real paralysis, due, in all probability, to nerve mischief deep seated, and so far as our present knowledge extends, irremediable. Both classes of cases present very much of interest, and a wide field for research and study, not only to the pathologist, but also to the physician; and while regretting the very small amount of real knowledge of the subject of which the profession can at present boast, we must hope that, with the daily advance of science, we may soon obtain clearer and more definite information for our future guidance.

On the Surgical Treatment of Anasarca.

Mr. H. A. Wickers, M.R.C.S., late House Physician to Charing-Cross Hospital, writes to the *Lancet*—

The treatment of anasarca, whether cardiac or renal in its origin, after ordinary therapeutic measures, such as diuretics, purgatives, etc., have failed, is, in many instances, very unsatisfactory. If the patient be let alone he rapidly gets waterlogged and dies; incisions or punctures nearly always lead to sloughing, while other plans of treatment have proved scarcely less unsuccessful.

The following method has been in use at Charing-Cross Hospital for some months; it has been found to increase the patient's comfort considerably, while in no instance has it been followed by ulceration, sloughing, or cutaneous inflammation; it appears, indeed, to substitute a perfectly safe means of getting rid of the fluid for those which have hitherto been attended by much risk.

The legs having been well oiled, and a mackintosh sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout straight needle or hare-lip pin, care being taken that the needle is passed deeply into the subcutaneous cellular tissue. Some sponges which have been well wrung out in a solution of salicylic acid are now placed against the punctures, so as to absorb the dropsical fluid as it transudes; these sponges as they become saturated are squeezed out, and again passed through a solution of salicylic acid before being replaced against the patient's skin. In this manner renewals may be required every two or three hours, and several pints of fluid may be drained away during the first twenty-four hours, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed.

By the use of salicylic acid in the manner described, decomposition of the transuded fluid is obviated, the sponges are kept free from fetor, the skin is not irritated, and cutaneous inflammations of a low type, with their attendant evils, are entirely prevented.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Annual Review of the Drug Trade of New York, for 1878," by Mr. D. C. Robbins, is a paper full of interesting information.

——"Medici Nugæ," by Dr. F. A. Von Moschzisker, is a lame attack, in halting verse, on the regular profession, by a peripatetic oculist.

——"Disease Germs, their Origin, Nature and Relation to Wounds" (pp. 22), is a reprint from the *Transactions* of the American Medical Association. The author is Dr. B. A. Watson. It is largely historical, and defends the theories of Lister.

——The April number of *Godey's Lady's Book* well sustains the ability of the new management. Christian Reid continues the pleasant story of "A Gentle Belle." A pretty fairy tale by Miss Harriet B. M'Keever will please the children, while numerous short articles, fashion news, and instructive paragraphs will attract the elders. ($2 per year.)

——Part v of Dr. L. A. Duhring's "Atlas of Skin Diseases" is out. It embraces representations of scabies, herpes zoster, tinea sycosis and eczema vesiculosum. The chromo-lithographs are executed with wondrous fidelity, and especially the one of scabies impresses us with its truthfulness to nature. The descriptive text is full, and written with the care always characteristic of this author. (Published by J. B. Lippincott & Co., Philadelphia. Price $2.50 per part.)

BOOK NOTICES.

The National Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States and Great Britain. By Alfred Stillé, M.D., LL.D., etc, and John W. Maisch, PH.D., etc. With 201 illustrations. Phila., H. C. Lea. pp. 1628. Price, cloth, $6.75, sheep, $7.50.

This long expected work will be welcomed by many who have waited for its appearance. The incomplete revision given to the last edition of the United States Dispensatory left out many important remedial agents, and awarded insufficient space to others. Moreover, the arrangement of that work into three parts was artificial and inconvenient. The present Dispensatory is arranged in alphabetical order from the commencement, the recent advances in chemistry and pharmacy are mentioned, and an effort made to include the late novelties in the review of the resources of the physician. This is carried out with that sound conservative judgment which characterizes all Prof. Stillé's work. Thus, under Damiana we read: "It has been widely and boldly advertised as a remedy for sexual impotence or indifference in either sex; but there is not the slightest reason for confiding in the statement." "Nearly all of the preparations of pepsin are absolutely inert intrinsically." "The accounts published of the remedial virtues of witch hazel seem to be as hard to accept as the popular faith in it as a divining rod." Of

hydrastis the authors say: "A variety of incongruous virtues have been attributed to it. It does not deserve to rank among officinal medicines." On the whole class of vegetable depressants, of which gelsemium and veratrum viride are examples, the authors are particularly severe. They consider these agents have done "incalculable harm;" the patients "would have been better off, not only without their use, but also without that of the medicines associated with them." These and many such passages we earnestly commend to the attentive study of those numerous physicians who are led away by the attractions of botanical remedies, and also to those medical editors who are so willing to accept with enthusiasm every new discovery (?) in therapeutics, especially when its announcement is accompanied with an advertising contract.

The chemical and pharmaceutical sections have, we may suppose, received the especial care of Prof. Maisch; and as he is *facile princeps* in that branch, nothing can be said of them except in praise. The illustrations are chiefly of plants. The usual tables close the work, and two indexes, one general, and one therapeutical. The latter is so complete that its usefulness is impaired; a seeming paradox understood when we add that it includes all the suggestions quoted in the volume, whether questioned by the authors or not.

The Principles and Practice of Gynæcology. By Thomas Addis Emmet, M.D., Surgeon to the New York Woman's Hospital, etc. With 130 illustrations. Philadelphia, H. C. Lea, 1879. pp. 855.

Dr. Emmet's extensive experience as a surgeon to the Woman's Hospital, New York, has enabled him to study cases of diseases of the sex to an extent not found outside of a great city, and rarely within one. These opportunities he has availed himself of to good purpose, and has long ranked among the leaders of his specialty in New York. He presents us now with a volume mainly the result of his own observation—as he calls it, "a clinical digest."

Beginning with a chapter of general considerations as to climate, education and social life, he proceeds to the description of instruments and appliances, and the methods of examination. The general cause and treatment of disease next come up for consideration. Abnormal menstruation and diseases of the vagina follow; after which are discussed uterine displacements, and diseases, lacerations, malignant and benign growths, different forms of fistulæ, diseases of the urethra, bladder and ovaries; closing with several chapters on abdominal and ovarian tumors, and the details of ovariotomy.

The illustrations are generally, but not always, what the reader should expect, in execution and impression; and the instructions in treatment are often expressed in what appear to us to be too general terms, and hence are vague. Occasionally, also, cases are reported at tedious length. In other respects, the work is very satisfactory.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M.D. Fourth edition, thoroughly revised. With illustrations. H. C. Lea, Philadelphia. 1 vol., sheep, pp. 758.

The treatment of diseases of children, as is justly remarked by the author of the work before us, has undergone many changes in the last few years. The ingredients have been changed, and the forms of administering them have been greatly improved upon. Hence, in the period which has elapsed since the third edition of the work, so extensive have been the advances that whole chapters required to be rewritten, and hardly a page could pass without some material correction or addition. This labor has occupied the writer closely, and he has performed it conscientiously, so that the book may be considered a faithful portraiture of an exceptionally wide clinical experience in infantile diseases, corrected by a careful study of the recent literature of the subject.

Lectures on Practical Surgery. By H. H. Toland, M.D., Professor of Surgery in the University of California. Second edition. Illustrated. Philadelphia, Lindsay & Blakiston. 8vo, cloth, pp. 520. Price, cloth, $4.50.

In spite of the severe handling Prof. Toland's book received on its first appearance from the medical press, it has conquered the reviewers to the extent of selling the first edition. For ourselves, though, of course, perceiving the literary deficiencies of the production, and the occasional inaccuracies of statement it contains, we think that these are largely attributable to the fact that the lectures were taken down by a shorthand reporter, and printed from his notes; and in spite of them there is a great deal of good suggestion, of matured experience, and of sound information in the volume.

The present edition has one lecture and several cases of aneurism added, and the text has been revised.

THE

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THE SENSE OF SMELL.

Of the various senses, that of smell has received the least cultivation in the human race. It occupies quite a subordinate part, either in the pleasures or the utilities of the life of man; but in many of the lower animals this is quite different. They depend for their safety on this more than on any other sense; and with them it is developed to a remarkable degree.

The theories of odors are two in number. The more common one is that recently defended by Dr. T. B. WOLFF. He states that to produce a sensation of smell, a chemical combination of a vapor emanating from the odorous body with a fluid is necessary. This fluid constantly moistens the olfactory mucous membrane, and is prepared in those natural laboratories, the glands of Bowman, whose anatomical relations have long been known, but whose physiological function is still a matter of doubt.

The second theory is that odors are produced by a vibratory movement in the atoms of the odorous substance, and which vibrations are transmitted to the olfactory nerves through the circumambient medium. In favor of this hypothesis, it may be urged that the organization of the olfactory nerve, and its susceptibility, are thus brought into analogy with the ophthalmic and auditory nerves; that certain non-volatile substances, as stones and metals, have odors; that rapping on the teeth, and other actions, bring about a sense of smell, apart from any material excitant of the olfactory nerve; that fish and crustacea rapidly scent certain substances, long before they can have been dissolved in the water; and finally, that the perception of odors by certain animals is far more rapid than dissemination of particles of the substance through the air could take place.

We do not pretend, however, to decide between these hypotheses. They simply illustrate that much is to be studied yet in defining the physiology of this sense.

The therapeutical employment of olfaction has also received little attention, although it is suggested by a number of striking facts. The intimate relations of this sense to the conditions of the stomach is of daily experience. Nausea and vomiting are produced with great facility by certain odors which we call stinks or stenches; on the other hand, these symptoms are allayed by others of a stimulating and aromatic character. Linnæus sought to classify odors, and arranged them into seven principal sections, to wit: aromatic, fragrant, ambrosial, garlicky, fetid, repulsive and nauseating odors. This is obviously a merely superficial and artificial classification, and unfitted to form the foundation of a scientific study of the subject.

The indirect effect of odors is very marked. Many persons suffer from headache when exposed to the aroma of musk, of the calla lily, and of many other plants. Indeed, much of the influence which house plants exert on the health of residents is attributable to their irritation of the olfactory sense. Many gases act directly and powerfully in this manner, producing headache and other disturbances of the brain, through the sense of smell.

All animals in rut emit an odor very stimulat-

ing to the generative powers of the males of their kind. And animals at all times give out strong scents. The human species are no exception to this. The female during menstruation exhales a peculiar odor, often easily discerned. The odor of the lochia is peculiar, and readily recognizable. The dog follows his master by the scent left by his feet. The prevalence of epidemic abortion in dairies is distinctly traced to an odor given off from the membranes and lochia of the cow which first aborts.

All these animal odors are due to salts of sodium and potassium, with volatile and fatty acids, as the caprylate, the caproate, the butyrate, and the hyrciate of sodium and potassium. These salts are easily distinguishable in the blood. Let the blood of any animal be treated with sulphuric acid, and it will give forth the odor peculiar to that animal in an exaggerated degree. Practice will enable the experimenter to distinguish thus between the odor of the blood of a man and a horse, between a white man and a black man, yes, even between a man and a woman of the same race! At any rate, so says ROBIN, and we dare not doubt his accuracy.

In matters of diagnosis, Drs. HAMMOND and HUTTON have written thoughtful articles on the odors of disease. And what they have said has justly attracted attention. Many diseases can be recognized by their smell alone. To distinguish gangrene from cancer, lochial from urinary discharges, necrosis from ulceration, variola from varicella, and many another case, all we need is our nose.

Dr. J. T. CAULKINS remarks, in a recent essay on diphtheria, in the Detroit *Lancet*—

"There is little need of mistaking diphtheria for any other disease. In making out the diagnosis, it is mainly necessary to exclude common non-specific pharyngitis, anginose scarlet fever and quinsy; from these and all other diseases it can be, after it is fairly established, diagnosticated in the dark, and without asking questions, if the diagnosticator has the sense of smell properly developed and educated. Some others of the zymotic diseases have bad smells that are peculiar and distinctive, but none to so marked an extent as diphtheria. The offensive effluvium is *sui generis* and pathognomonic of the disease; whenever it is present, no matter how anomalous the other symptoms may be (and they are sometimes very anomalous), the complaint is diphtheria. There may be a rash on the skin, and albuminous urine, but if the characteristic effluvium is there, the disease is not scarlet fever, but diphtheria; on the other hand, there may be no rash on the skin, and the throat may be lined with an ashy gray membrane, but if the effluvium is not there, the disease is not diphtheria, whatever it may be, either anginose scarlet fever or common pharyngitis."

But this organ has, we regret to say, received little cultivation among physicians. It is but casually called into service; and even the most ordinary rules of its use are disregarded. How many people pretend to test odors, and keep their mouth open, talking, while they do it! How many distinguish between the properties of odors developed by long and slow inhalations, and short and rapid sniffs! And other such elementary matters.

Finally, has any endeavor been made to increase our olfactory powers? We have the microscope for the eye, the stethoscope for the ear, but what have we to exaggerate the normal force of odor? Here is a field for invention, and a successful suggestion would not only enlarge our powers of observation, and thus add to our scientific knowledge, but would also largely augment the innocent pleasures of life.

NOTES AND COMMENTS.

The Use of White Wines.

A writer in the *Chemist and Druggist* says that universal experience proves that white wines are decidedly more deleterious than the red variety. This assertion is confirmed abundantly by statistics, and from a mass of private information obtained from wine-producing countries. Inquirers have received but one reply, in the shape of the strongest support of the opinion that white wines were to be used with the greatest degree of caution. A reason has been given for the difference in effect, which can be appreciated by our readers. Red wines are rich in tannin; white wines are not; the natural inference being that the astringent principle present forms a counteraction to the stimulating influence of the alcohol contained.

Copperas and other Disinfectants.

A French sanitary authority states that he found that the aqueous solution of one kilogramme of sulphate of iron destroyed the odor of a privy used by one hundred persons, but the effect lasted only twelve hours. Sulphate of copper acted similarly. One kilogramme of solid sulphate of iron lasted for two days. One kilogramme of a mixture of sulphates of iron and copper with carbonate of lime kept down the odor of sulphuretted hydrogen for two days. Liquid sulphurous acid acted rapidly, but its effects lasted for less than twenty-four hours.

Crude carbolic acid masked the odors of the privy, but with another only somewhat less disagreeable. The use of parchment paper prolonged the action of the deodorant. Thus, one kilogramme of sulphate of iron (*copperas*), contained in a parchment paper bag, began to operate after two hours, and acted during three days; one kilogramme of good chloride of lime, contained in a parchment wrapper, kept the privy inodorous for a period of nine days.

The Relation between the Age of the Mother and the Sex of the Child.

Dr. Bidder, in the *Zeitschrift für Geburtshülfe und Gynäkologie*, Band 2, gives the results of his observations in this subject. In 4441 primiparæ the proportion was 100 female to 111.5 male children. Very young primiparæ gave birth to a large proportion of boys; those of twenty or twenty-one years old had more girls than boys; while as the age increased the proportion of male children again rose. In 7430 multiparæ there were 100 female to 112.4 male children. The proportion of males exceeded that of females in those aged from seventeen to twenty-one; the number sank in the twenty-second and twenty-third years, reached its minimum at the ages of twenty-four and twenty-five, and then again increased in proportion to the age of the mothers.

Religious Objections to Anæsthetics.

In a recent lecture, Dr. B. W. Richardson, of London, states that the credit of having introduced chloroform belonged to the late Sir James Simpson, of Edinburgh. Its introduction and application were objected to on religious grounds, some people contending that man, according to Scripture, should endure pain and trouble throughout life. Sir James Simpson threw the scriptural argument back upon those who used it, by saying that when the first man had an operation performed upon him he was put in a deep sleep, and knew nothing of the time when the rib was taken from him.

Similar objections are now offered by many religious people, to preventing the spread of syphilis and gonorrhœa.

Menstruation During Pregnancy.

In the *Gazette des Hôpitaux*, Dr. Charles reports the case of a woman aged 24, who menstruated regularly during the whole of the nine months of her first pregnancy, and was delivered, with much difficulty, of a still-born child. In her second pregnancy, she menstruated during the first months; the flow then suddenly ceased till the eighth month, when a violent metrorrhagia came on; which was, however, stopped by two days' rest. A few days before delivery a new metrorrhagia came on, which was stopped by plugging the vagina, and was followed two days later by a normal confinement. The author suspected, from the last hemorrhage, that there must have been a marginal insertion of the placenta.

Pyrogallic Acid in Psoriasis.

Dr. A. Jarisch (quoted by the London *Medical Record*) reports his complete success in the treatment of psoriasis by pyrogallic acid. At first he used an ointment containing 20 per cent. of pyrogallic acid; this was, however, found to produce excoriations. Hence he has reduced the ointment, as ordinarily used, to the strength of 10 per cent., and in some cases he uses one of 5 per cent. only. If spread on muslin, and then applied, it must be still further diluted, otherwise it acts as an irritant. Aqueous solutions should contain about 1 per cent. Pyrogallic acid acts not as rapidly as chrysophanic acid, but it is equally certain in its results.

The Relief of Cough in Phthisis.

A writer in the New York *Medical Journal* states he has found, for this symptom, morphia valuable for its immediate effects, but unsatisfactory in causing nausea.

Hydrate of chloral in doses of ten grains proved of more value practically than any other. It did not cause nausea, and was remarkably uniform in its action. In some cases it caused sleep, but did not entirely check the cough, the patient sleeping and coughing at the same time. It is proposed to try the picrate of ammonia, and at a future time a report will be made.

CORRESPONDENCE.

The Contagion of Yellow Fever.

ED. MED. AND SURG. REPORTER:—

Having written you some time since on the subject of yellow fever, or more especially, my opinion as to the cause of this fearful scourge, I now submit for your further consideration a few thoughts on the question of contagion or infection (terms so nearly allied to each other that a distinction seems without a perceptible difference). However, as to the real question, the manner in which the disease is conveyed from its original source to other places throughout the country is certainly one of very grave importance, and a question upon which the profession seem much divided; some contending that the disease is purely epidemic, and transmitted alone through atmospheric influences; others, that it is contagious, and its spread mainly due to this cause; while a third and larger class seem to ignore altogether the idea of contagion, claiming that the disease prevails only where local malarial causes are present. That the disease is endemic in character and origin, and may become epidemic throughout the South, we have every reason to believe; and that it is of malarial origin, we have, in a former article, attempted to show. But that it is non-infectious or non-contagious in its prevalence, we cannot admit; believing, as we do, that within the animal economy, during the process of malignant diseased action, pathological phenomena may occur, or conditions exist, giving rise to a product, as a result of this diseased action, which may be termed material or immaterial infection, and which, when sufficiently concentrated, either in quantity or virulency, within the texture of clothing or the surrounding atmosphere, constitute the exciting cause of the disease with others; and by this process, in our opinion, is this disease maintained and spread from its original source. Surgeon General Woodworth, in his report, holds that the disease is never conveyed directly from the person of the sick to the well; but always through the medium of the wearing apparel, bedding, etc.; and affirms that this fact has been proven by repeated experiments, in New York and elsewhere, by quarantine officials. Then, if these disease germs, as he terms them, or this infection or poison, as we would style it, are insufficient, either in quantity or quality, to produce disease as they emanate from the person of the sick, does it not substantiate our theory of concentration of malarial cause being adequate to the original production of malignant yellow fever, and also the theory of this disease being self sustaining and transmissible by the operation of infection, acting either directly from the person of the sick or through the agency of wearing apparel, bedding, etc.? Again, our knowledge of general pathology impresses us with the idea of an overwhelming force, not only in the cause producing this disease, but in the diseased action itself, early resolving and melting down the tissues by disorganization and disintegration; in fact, the constituents of the black vomit are full of the evidence of great vitiation of secretion, besides disorganization of the blood, and when disease so malignant, febrile action so extreme and violent, disorganization and disintegration so constant, are an accompaniment, can we wonder that an effete virus or contagion should be the result?

We conclude with the following: First, that yellow fever originates within our own country, and that from malarious cause. Second, that it possesses the inherent power of self propagation, by the production and elimination of a poison peculiar to itself. Third, that this disease is peculiar to southern climates, and only prevails in northern zones when conveyed there through the intervention of infection. Fourth, that a high degree of temperature is strictly essential to its rise and continuous progress, and that a low degree of temperature is the enemy of the disease, and the invaluable friend of the human family under the prevailing influence of this baneful epidemic.

Alexis, Ill. J. P. MCCLANAHAN, M.D.

The Poisonous Dose of Veratrum Viride.

ED. MED. AND SURG. REPORTER:—

Dr. Fowler, of Elmo, Texas, invites the "kindly criticism" of his "professional brethren" on his prescription, appearing in the REPORTER, March 15th. If you have made no mistake in publishing his communication, I would respond by simply asking him if the "druggist" attributed *all* the danger to the veratrum? I would suggest that the doctor take a dose himself, and then he will *practically* know (for a short time, at least) whether it be innocuous or not; but would advise him to put in a little more of the hypochondriacal Norwood before he tries it, to counteract, in a measure, the *elevating* effect of the "ammoniæ carb."

E. T. R.

ED. MED. AND SURG. REPORTER:—

In the number of the REPORTER for March 15th, under the heading of "Correspondence," I was personally interested in reading the article written by R. Fowler, M.D., of Elmo, Texas, on the poisonous dose of veratrum viride, having at one time taken an overdose, through mistake.

I had a patient, a lady, taking fluid extract of ergot, in teaspoonful doses, for headache. My patient having taken all I had prescribed I sent to the druggist for two ounces, and carried it to her myself. In a short time after leaving I was sent for in great haste, and on returning, found her vomiting, with coolness of the skin, difficult breathing, face pale, and with a very anxious expression. I gave her stimulants, and, as soon as she could, she told me the medicine was the cause of her sickness. I replied, "I guess not," and looking at the label on the bottle, and believing it to be ergot, I told her I would try it myself. I turned out a teaspoonful, which must have been nearly two drachms, and swallowed it. In half an hour I went to my boarding place. I soon felt a burning sensation in my stomach, nausea, etc. I then knew something was wrong about the medicine I had taken. I very soon vomited. I drank warm water, and continued the vomiting for four or five hours.

I was quite weak, had dimness of vision, etc., from the effects of the dose, but in two or three days had fully recovered. But my patient did not get over the effects as quickly, not being as strong as myself.

I soon made up my mind that it was veratrum viride we had taken, and so it proved to be, the druggist making the mistake.

Now, I don't believe an overdose would kill or injure a person who was strong; but one with a diseased heart, or, if through mistake, I had prescribed it in a case during or after labor, where we usually give ergot, it might, in either case, produce serious results. I generally prescribe fluid extract veratrum viride (Tilden's), in three or four drop doses, once in four hours, and I am almost sure to have the desired effect in eight to twenty-four hours. J. E. SCRUTON, M.D.

Union, N. H.

ED. MED. AND SURG. REPORTER:—

In the REPORTER of March 15th I see a communication from Dr. Fowler, of Elmo, Texas, in which he invites his medical brethren to comment upon a prescription he made for one of his patients, which a druggist of his town refused to fill, saying it would be poisonous in its effects. I shall not pretend to say whether the prescription would have killed his patient or not, as I do not know what effect such a mixture would have upon the human system. I don't know what kind of condition a patient could be in to require large doses of veratrum, and at the same time be benefited by enormous doses of carbonate ammonia. If I understand the action of the two remedies, they exactly *antagonize* each other in their effects. Besides this, I cannot tell whether this prescription, after being compounded, would be liquid, semi-liquid or solid. I am of the opinion, however, that it would require but little pulverized acacia to make it into pills. The whole thing reminds me of a prescription I came across a few years ago in my own practice. I was called to see a railroad track repairer, who had been prostrated with sunstroke. When I arrived, I inquired what had been done for the man. The foreman replied by saying he had applied ice water to his head, and given him a dose composed of the following ingredients:—

℞.	Castor oil,	℥j
	Pulv. ipecac,	gr. xxx
	" capsicum,	gr. xv
	Spts. nitre dulc.,	℥ij
	Quinine,	gr. xv.

The whole to be mixed in half a glass of good whisky, and taken at one dose.

I asked the captain to give me his reason for giving such a dose. He said he did not know exactly what the man needed, and he concluded to fix him up a regular *shot-gun* dose. If he needed purging the oil would purge him; if he needed vomiting, the ipecac would vomit him; if he was too hot, the ice water and spirits of nitre would cool, and if too cool, the capsicum would warm him; and as quinine and whisky were good for everything, he concluded to try a little of each of them. The captain's patient vomited and got better.

Now, I think the druggist was wrong, and if Dr. F.'s patient had taken one dose of the medicine he would have vomited, and, perhaps, recovered from its effects.

Paris, Tenn. F. F. PORTER, M.D.

[Stillé and Maisch, in the new *National Dispensatory*, say that no fatal case of poisoning in adults, from veratrum viride, has been reported.—ED. REPORTER.]

Puerperal Convulsions.

ED. MED. AND SURG. REPORTER:—

There has doubtless been correspondence enough on this subject in the MEDICAL AND SURGICAL REPORTER, but having witnessed a case recently, of interest, I shall relate it. On Feb. 9th, 1879, I was sent for to see Mrs. J. F. C., aged 42, who lives six miles in the country. I answered the call, accompanied by J. H. Hudgin, M.D., of this city. We arrived at 10 o'clock, A.M., and learned the following history of the case: She had been expecting her confinement every hour for several days, but had been able to attend to her usual household duties.

She had not felt as well as usual on the 8th, and that night complained of a severe frontal headache, that gradually increased, and on the morning of the 9th, while seated at the breakfast table, without any other premonitory symptoms, fell to the floor in a violent convulsion. She is a large, well developed, plethoric woman; she lay in a semi-comatose condition; pulse 60 per minute, full and not easily compressed; pupils dilated; face flushed; bladder full; bowels had moved early in the morning. She had intense pain in the head; mind very much confused; answered questions slowly and in monosyllables; hands and feet very cold; the os dilated. We gave at once one drachm bromide potassium, and applied sinapisms to the feet. At 11 o'clock, A.M., symptoms of an approaching convulsion having occurred, we opened the median basilic vein of the right arm and allowed 30 ounces of blood to escape. It was very dark colored, and coagulated rapidly. At the close of the venesection, she exclaimed: "Oh! my head is relieved." Her hands and feet were almost instantly restored to their normal temperature, and felt comfortable to the patient. Dr. Hudgin remained with her. Labor came on naturally and without any further symptoms of convulsions. At 3 o'clock, P.M., she was delivered of her *seventeenth* child, a live, well formed female. The uterus contracted readily, the placenta was removed in fifteen minutes after the child was delivered. At 4 o'clock a severe post-partum hemorrhage set in, preceded by nausea and a faint feeling. This was controlled by the external application of cold and the introduction of the hand into the uterus. The doctor also gave fluid extract ergot (Squibb's) in fluidrachm doses. The uterus readily contracted; the cold applications were continued for one hour, and then removed, when the uterus again relaxed, and a more alarming hemorrhage supervened. It was again controlled by the methods previously employed. I was sent for, and saw her at 7 o'clock, P.M. She was very much prostrated. We wrapped her in a large, warm, dry blanket, having removed her

wet clothing. Her pulse was then 80 per minute, and very easily compressed, her mind clear, and uterus firmly contracted. She complained of nausea during the night. That was promptly relieved by a large sinapism applied to the epigastrium. She has made a good recovery and is now well. She had never had any difficulty in any previous labor.

In April, 1878, a case of puerperal convulsions occurred in a primipara in this city, in the practice of my brother, Dr. S. M. Barnes. I was called, and we pursued the same plan, but did not carry the venesection to the amount of 30 ounces at one time, and had the satisfaction of seeing our patient, a bright little blonde, make a good recovery.

There have been five cases of puerperal convulsions in this city and vicinity within a period of eight years. They are all alive to-day, *and were all bled.* I am firmly convinced that the "lost art" is our sheet anchor in this terrible disease. I believe that many good physicians lack moral courage to face public opinion in the treatment of this disease, and for this reason fail to do their duty, and see their patients consigned to an untimely grave. I am aware that it requires independent action, and in many localities a courage amounting to heroism, to face this false public sentiment, that regards the physician who employs venesection in the treatment of any disease as a venerable medical Rip Van Winkle, hoary with antiquity; a veritable fossil of the "Old Red Sand" stone period.

HENRY E. W. BARNES, M.D.

Farrburg, Ill.

NEWS AND MISCELLANY.

The Wisconsin Medical Act.

We have received a copy of this act, as read the third time in the Senate:—

SECTION 1. A person practicing in the State must have a diploma, or pass an examination before the State Board of Examiners.

SEC. 2. The Governor shall appoint a board of examiners, of six physicians (four regular and two homœopathic), and those six shall choose a seventh.

SEC. 3. Defines the organization of the board.

SEC. 4. The board shall examine diplomas and candidates. Holders of genuine diplomas shall pay $2.00; of spurious diplomas, $20.00.

SEC. 5. Persons not holding diplomas may be entitled to practice after examination.

SEC. 6. Every such license shall be recorded within thirty days.

SEC. 7. The Register of Deeds shall keep the records.

SEC. 8. Fee for candidates for examination to be $5.00.

SEC. 9. Payment of Examining Board.

SEC. 10. Examinations defined.

SEC. 11. Dishonorable conduct may forfeit certificates.

SEC. 12. Defines a practitioner of medicine.

SEC. 13. If any physician practicing medicine in this State shall write, or cause to have printed upon any prescription, the words, "No Duplicate," any druggist, apothecary, or vender of medicines who shall duplicate a prescription so written or printed upon, without the consent of the physician writing the prescription, shall, on conviction thereof, be subject to a fine of ten dollars ($10) for each and every offence, together with the costs of suit.

SEC. 14. Itinerant venders of drugs to pay $100 per month.

SEC. 15. Penalties for disregarding this act.

The remaining sections are formal; the act to take effect after August 15th next.

Continued Precautions Against the Plague.

The last Bulletin of the Public Health from the office of the Surgeon General U. S. Marine Hospital Service, says:—

The imperial order directing the burning of the infected houses at Wetlyanka has been executed in part, and extraordinary powers have been conferred on the Governor of the district, under which vigorous efforts are being made to improve its sanitary condition. The towns adjoining the infected district, as well as the cities of St. Petersburg and Moscow, are taking measures against the possible extension of the disease on the approach of warm weather, by cleansing and disinfection of unsanitary quarters, issuing cooked food to the poor, erection of temporary buildings for the reception of refugees from the infected districts, and furnaces for burning infected clothing.

Pharmaceutical Novelties—Dextro-Quinine.

This preparation has been offered as a combination of the cheaper cinchona alkaloids, of easy assimilation and effective antiperiodic powers. Dr. John A. Heming, of Indiana, writes us that he has found it acceptable to the palate, and of beneficial effect, quite as much so, he thinks, as the quinine sulphate.

From a record of fifteen cases, Dr. C. O. Dunlap writes to the Ohio *Medical Recorder*, in quite laudatory terms of it. In old and cachectic cases of malarial poisoning he thinks it superior to the ordinary sulphate. He did not observe any ringing in the ears, nor nausea, after its use. It is tolerated by weak stomachs, and as it is given in the same doses as the sulphate, and is considerably cheaper, there seems a number of reasons for it to claim attention.

Corrigenda.

On page 266, column 2, eighth line from bottom, for "physical" read "psychical." On page 275, column 2, tenth line from top, for "three drachms" read one drachm."

The prescription on page 290 should be, for chloral hydrat., gr.xl, instead of gr.x, and should read as follows:—

℞. Chloral. hydrat., gr.xl
Potass. bromid., ℥ ij
Liq. morphiæ sulphat., f.℥ j. M.

Dose, a teaspoonful in sweetened water.

American Medical Association.

Physicians desiring to be present at the meeting of the American Medical Association can obtain the reduced special rates of railroad and steamboat fare, from various points, by addressing the permanent secretary, Dr. Wm. B. Atkinson, 1400, Pine street, Philadelphia.

The Largest Infant on Record.

Mrs. Capt. N. V. Bates, known as Annie Swan, the Nova Scotia giantess, was lately delivered of a child which weighed 23¾ lbs.; height 30 inches; breast measure, 24 inches; head, 19 inches. The child and mother are both doing well. Mrs. Bates' height is 7 feet, 9 inches; while the little captain measures only 7 feet, 7 inches in stature.

OBITUARY NOTICES.

George B. Wood, M. D.

On the 30th ult., George B. Wood, M.D., of Philadelphia, in the 83d year of his age.

Dr. Wood was born at Greenwich, N. J., March 13th, 1797; graduated from the University of Pennsylvania as long ago as 1818. His extended career has been full of work, diligently pursued and successfully achieved. He was for many years Professor of Materia Medica in the Medical Department of the University of Pennsylvania, and from 1850 to 1860 was Professor of the Theory and Practice of Medicine in the same institution. At the time of his death he was president of the American Philosophical Society. He is the author of many important medical works, those by which he is best known being the "Dispensatory of the United States," written in collaboration with Franklin Bache, and first published in 1833, and his "Practice of Medicine," which long enjoyed great popularity. He also wrote much on historical subjects beyond the limits of the profession.

Horace Binney Hare, M. D.

This accomplished physician died March 14th, at St. Thomas, West Indies, of consumption. He was but thirty-five years old; was the son of Judge J. I. Clarke Hare, and a grandson of the eminent chemist, Robert Hare, and also of Horace Binney, after whom he was named. During the winter Dr. Hare had been traveling in the yacht Resolute, with several friends, in search of health in the warm climate of the West Indies. But he failed to find it, and at last died far away from his native land. Deceased was born in this city, graduated at Yale College, and then studied medicine at the University of Pennsylvania, from which institution he also graduated with high honors.

Dr. J. W. McGuire

Died on the 3d of March, 1879. He was born in Jefferson county, Georgia, March 3d, 1834. He graduated in the University of the city of New York on March 4th, 1854. He received, in addition to his diploma, a special certificate for extraordinary merit in the department of surgery and pathological anatomy, from the justly celebrated Prof. Valentine Mott, March 3d, 1854. He leaves an aged father and many warm friends to mourn their loss.

QUERIES AND REPLIES.

Dr. J. M. C., of Fla.—The doses of calcium sulphite recommended by Ringer are small, from one-tenth to one grain. Others give much larger doses. The compound is very insoluble, and probably not poisonous.

Dr. G. C. S., of Tenn.—General bleeding, so far as we remember, has not been attempted by the aspirator; we have consulted several of the latest surgeries, and do not find it mentioned. The objection would be the greater delicacy of the operation and the slow flow of the blood.

Dr. A. S. McK., of Ala.—The formula for Vleminckx's solution is—

R.	Calcis,	℥ss
	Sulphuris sublimati,	℥j
	Aquæ,	℥x.

Boil to ℥vj, and filter.

Dr. C. H. M., of Pa.—We have not at hand the analyses of the secret nostrums you mention. There are so many of these on the market that it is difficult for the chemists to keep up with the quacks.

Elwood.—Milk sickness has been attributed very confidently to various plants, especially the *Rhus toxicodendron* and the *Eupatorium ageratoides*. Unfortunately for the theory, it never occurs in many districts where these plants abound. We don't know what causes it.

Dr. M. H. R., of Ind., sends a published statement, by homœopathic physicians, that last summer, in Vicksburg, of over twelve hundred cases of yellow fever treated homœopathically, only seven per cent. died; that a shoemaker, instructed by homœopathic physicians, treated one hundred and six cases, with only five deaths; and more to the same effect. Our comment on these marvelous stories is simply *Credat Judæus Apella, non ego.*

MARRIAGES.

SHARP—WILKINSON.—On the 19th ult., by Rev. Thomas W. Wilkinson, Edgar B. Sharp, M.D., and Mary J. D. Wilkinson, daughter of the officiating clergyman, all of Berlin, N. J.

SHOEMAKER—LONGNAKER.—On Sunday, March 23d, at the residence of the bride's parents, by the Rev. J. B. Fox, Dr. George G. Shoemaker, of Church, Pa., and Miss Dillie Longnaker, of Salem, Clarion Co., Pa.

WIGGINS—SHANNON.—At the residence of the bride's mother, by Rev. John Gourly, S. L. Wiggins, M.D., and Miss Mamie W. Shannon, both of Black Lick, Pa.

WILSON—JONES.—On the 19th ult., at the residence of the bride, by the Rev. M. Sheeleigh, F. S. Wilson, M.D., and Hannah E. Jones, all of Montgomery county, Pa.

DEATHS.

BROCK.—On the 26th ult., Stella R., daughter of Dr. Harry D. and Kate E. Brock, aged 5 months and 16 days.

CHURCHILL.—At Fort Sill, Indian Territory, March 7th, 1879, of Bright's disease of the kidneys, Dr. Selden A. Churchill, formerly of Davenport, Iowa, in his 28th year.

PERRINE.—At Mt. Healthy, O., Feb. 17th, 1879, Dr. William K. Perrine, aged 39 years.

TUCKER—KIMBALL.—In Groton Vt., Feb. 20th, by Rev. Charles A. Downs, Edward M. Tucker, M.D., of Cannan, and Mary A. Kimball, daughter of Peter Kimball, Esq.